



# Spandana Foundation

1179, Blue Bill Way, Normal, IL 61761

www.Spandana.org

Email: [Spandana@spandana.org](mailto:Spandana@spandana.org)

## Expense Claim Form

Requester			Payment to be Made to:		
Name			Name		
Address:			Address:		
City	State	ZIP	City	State	ZIP
Phone			Phone		
Email			Email		
Program Details *					
Program Name:			Place:		
Date of the Program:			Conducted By:		
* If expenses are not related to a program, write <b>Management and General</b> in program name					
S.No	Description	Enclosed Receipt# (If not, Reason) **	Amount		
			Dollars	Cents	
<b>Total Amount</b>					

I confirm that the above expenses incurred by me for **Spandana Foundation**.

Signature	Date

For use of Spandana Foundation	
Approved By: _____	Date: _____ Ref # _____
Issued Check # _____	Date: _____ For \$ _____